

**Kentucky Alcohol Retail
Inspection Program**



**Department of Alcoholic
Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601**

**Phone: (502) 564-4850
Fax (502) 564-8150**

**How to Become an Investigative Aide with
the Kentucky Alcohol Retail Inspection Program**

1. What is the Kentucky Alcohol Retail Inspection Program?

The Department of Alcoholic Beverage Control (ABC) enforces Kentucky's alcoholic beverage laws, particularly the laws prohibiting alcohol retailers from selling alcoholic beverages to persons under the age of 21.

With the help of Investigative Aides, ABC Investigators inspect alcoholic beverage retailers to make sure alcoholic beverages are sold only to persons 21 years of age or older.

2. What is an Investigative Aide?

Investigative Aides make this Program possible. An Investigative Aide is a person between the ages 18 and 20 years-old who enters an alcoholic beverage retailer, such as a convenience store, grocery store, liquor package store, or restaurant, and attempts to purchase an alcoholic beverage.

Investigative Aides are accompanied by ABC Investigators who observe the "controlled buy." If an alcoholic beverage is sold to an Investigative Aide, the product is given to the ABC Investigator who preserves it as evidence.

3. Why should you become an Investigative Aide?

Investigative Aides are paid \$12.50 per hour. There are no regular hours or schedules. Investigative Aides schedule their hours with ABC Investigators.

You are providing a public service. Underage drinking is a danger to public health. This Program is one way the Commonwealth works to prevent underage drinking and promote public health and safety.

4. How do you sign up?

Complete the brief application enclosed with this sheet, and submit your application to the address above.

Kentucky Department of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
Telephone (502) 564-4850
Tonya.Green@ky.gov
abc.ky.gov



ALCOHOLIC BEVERAGE CONTROL

**INVESTIGATIVE AIDE – ALCOHOL RETAIL INSPECTION PROGRAM
APPLICATION FORM**

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

COUNTY _____

DATE OF BIRTH _____ AGE _____

SOCIAL SECURITY NUMBER _____

HGT. _____ WGT. _____ HAIR _____ EYES _____

TELEPHONE (Home) _____ (Work) _____

(CELL) _____

EMAIL _____

ATTACH PHOTO HERE

Kentucky Resident: Yes No

Driver's license number and state issued: _____

Occupation: _____

Business / school: _____

Address: _____

Vehicle information (make – model – year): _____

Signature of Applicant for Investigative Aide _____ Date _____

Witnessed by _____ Date _____

Attach a Copy of Drivers License & Birth Certificate

FOR ABC OFFICE USE ONLY

Date accepted into program: _____

Birth Certificate received: Yes No

Drivers License received: Yes No



Kentucky Department of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
Telephone (502) 564-4850
Tonya.Green@ky.gov

ABC Form-IA
Agreement of
Understanding
Revised 05/19/2017

ALCOHOL INVESTIGATIVE AIDE PROGRAM

AGREEMENT OF UNDERSTANDING

I, _____, being _____ years of age, and a Kentucky resident, agree to assist the Kentucky Department of Alcoholic Beverage Control (“Department”) investigations of alcohol sales to underage persons. I understand these investigations may be conducted under state law. I affirm herein that no member of my immediate family owns any interest in any establishment regulated by the Department. My participation is voluntary and on an “as needed” basis. I voluntarily and knowingly enter into this agreement.

I agree to respond truthfully as to my legal age and date of birth if asked by the retailer or an employee during an investigation. I also agree that my attire and overall appearance will be such as to make me appear to be my true age. I will earn an hourly wage of \$12.50. To enroll in this program, I agree to complete the Kentucky state investigative aide application.

I understand that I am not a law enforcement officer and will not represent myself in that manner at any time, and that I am not entitled to carry a firearm or a badge. I understand that participation in this program does not entitle me to any special privileges. The following shall include, but not be limited to, grounds for immediate termination from the program: (1) any violation of law except while under the direction of the Department or its agents or employees; (2) failure to abide by the terms of this agreement; (3) failure to follow the instructions or procedures of the Department; (4) engaging in alcohol use; or (5) suffering any school-related problems including attendance and grades.

I understand that I shall not engage in any alcoholic beverage use while participating as an investigative aide with the Department. I understand that I am not to sample any products purchased on behalf of the Department and shall promptly turn over any evidence to the Department for evidentiary purposes. I understand that I may be required to testify in judicial or administrative enforcement proceedings on behalf of the Department of Alcoholic Beverage Control, the Commonwealth of Kentucky.

Signature of Investigative Aide

Date

Witness

Date